



Benefits 2020-2021

Effective March 1, 2020 - February 28, 2021

Medical		United Healthcare Base PPO	United Healthcare Buy Up PPO
Plan Name		Choice Plus Base Plan	Choice Plus Buy Up Plan
Benefit Design		PPO	PPO
Co-Pay PCP / S	pec.	\$30 / \$60	\$25 / \$50
Network		In / Out	In / Out
Deductible Si	ngle	\$3,000 / \$3,750	\$500 / \$3,500
Fa	mily	\$6,000 / \$7,500	\$1,000 / \$7,000
Coinsurance		70% / 50%	80% / 50%
Coinsurance Maximum Si	ngle	\$3,750 / \$7,500	\$3,500 / \$7,500
Fa	mily	\$7,500 / \$15,000	\$7,000 / \$15,000
Drug Card		\$15 / \$30 / \$65	\$10 / \$35 / \$60
Lifetime Maximum		Unlimited	Unlimited
Network		Choice Plus	Choice Plus
Payroll Deduction		Weekly	
EE Only		\$37.08	\$45.61
EE + Spouse		\$146.86	\$170.94
EE + Child(ren)		\$156.51	\$181.96
EE + Family		\$267.01	\$308.13

Dental	MetLIfe
Plan Design	DPPO
Deductible single/family	\$50/\$150
Annual Maximum (per person)	\$2,000
Preventive (Ded Waived)	100%
Basic	80%
Major	50%
Orthodontics (to age 19)	50%
Ortho Lifetime Max	\$1,000
Payroll Deduction	Weekly
EE Only	\$6.06
EE + Spouse	\$12.69
EE + Child(ren)	\$18.97
EE + Family	\$25.86

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Vision	MetLife
Network	In Network
Exam Copay	\$20
Contact Lenses	\$130 Contacts allowance + 20% disc on prof. services
OR Lenses	\$20
Frames	\$130
Frequencies Lenses / Frames	12 Months / 24 Months
Payroll Deduction	Weekly
EE Only	\$1.56
EE + Spouse	\$2.49
EE + Child(ren)	\$2.54
EE + Family	\$4.09

For Reimbursement for out of network please refer to detailed summary of benefits

Term Life and AD&D

Bobcat Contracting provides employees with \$20,000 of Basic Life + AD&D adminstered through MetLife.

This is a summary of benefits, see contract for detailed information.